
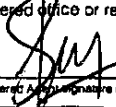
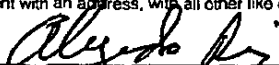


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90469 027 ***150.00

DOCUMENT # P00000109309 1. Entity Name ALEX FURNITURE, INC.			
Principal Place of Business 429 STATE ROAD 7 HOLLYWOOD FL 33023		Mailing Address 429 STATE ROAD 7 HOLLYWOOD FL 33023	
2. Principal Place of Business 429 State Road 7		3. Mailing Address 7985 W. 20 Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HOLLYWOOD FL.		City & State Hialeah FL.	
Zip 33023		Zip 33014	
Country USA.		Country USA	
4. FEI Number 65-1058503		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTRERAS, MARIO 655 N. NASHTA DRIVE KEY BISCAVNE FL 33149		7. Name and Address of New Registered Agent Name Angel Blanco Street Address (P.O. Box Number is Not Acceptable) 7985 W. 20 Ave. City Hialeah FL Zip Code 33014	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/21/04 <small>Signature of _____ name of registered agent _____ applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS DIAZ, ALEJANDRO 429 STATE ROAD 7 HOLLYWOOD FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ALEJANDRO 429 STATE ROAD 7 HOLLYWOOD FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/21/04 DAYTIME PHONE: (786) 621-7735	